Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
	G 5003/13/2
Check if 24-hour report	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	150000.00
Alexandria VA 22314	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Digital media placement  Category/ Type  004	10 29 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
Jeb Bush Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	M M / D D / Y Y Y Y Y
Mailing Address 1020 Princess Street	11 01 2015
1000	Amount
City State Zip Code	175000.00
Alexandria VA 22314	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y
Digital media placement Outgary 004 Type 004	10 29 2015
Name of Federal Candidate Support Office	e Sought: House District:
Jeb Bush Oppose	President Senate State: NH
	ursement For: X Primary General
Per Election for Office Sought 8766883.33 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	325000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Charles R. Spies [Electronically Filed] Date	1 03 2015
Signature	

Schedule E)	ADEINT EXPENDI	TOTILS		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Right to Rise USA			C	C00571372
Check if 24-hour report X 48-hour report	ort New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Revolution Agency			11	01 2015
Mailing Address 1020 Princess Street			Amount	
City	State	Zip Code		175000.00
Alexandria	VA	22314	Transaction Date of Disbu	
Purpose of Expenditure Digital media placement		Category/ Type 004	10 n	29 / 2015
Name of Federal Candidate		Support	Office Sought:	House District:
Jeb Bush		Oppose	X President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	28	74211.33	Disbursement For: 2016 Other (sp	Primary General Decify) ▶
Full Name of Payee	_		Date of Publi	c Distribution/Dissemination
Revolution Agency			M = M 11	01 / 2015
Mailing Address 1020 Princess Street			Amount	
City	State	Zip Code		100000.00
Alexandria	VA	22314	Transaction II  Date of Disb	D: 004 ursement or Obligation
Purpose of Expenditure Digital media placement		Category/ Type 004	10	29 2015
Name of Federal Candidate		X Support	Office Sought:	House District:
Jeb Bush		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		100000.00	Disbursement For: 2016 Other (sp	Primary General
•				.,
(a) SUBTOTAL of Itemized Independent Exp	enditures		. •	275000.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· · · · · · ·	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Charles R. Spies	[Flectron	ically Filed] Date	M M / D D	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	EECCHOIL	Date	11 03	2015

Schedule E)	TI EXI EILE	TI OTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Right to Rise USA			С	C00571372
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Revolution Agency			11	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street			Amount	
City	State	Zip Code		10000.00
Alexandria	VA	22314	Transaction Date of Disk	ID: 005 pursement or Obligation
Purpose of Expenditure Digital media placement		Category/ Type 004	10	29 / 2015
Name of Federal Candidate		X Support	Office Sought:	House District:
Jeb Bush		Oppose	President	Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	, , , ,	13300.00	Disbursement For: 2016 Other (s	Primary General Specify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Revolution Agency			11	01 2015
Mailing Address 1020 Princess Street			Amount	
City	State	Zip Code		10000.00
Alexandria	VA	22314	Transaction Date of Dis	ID: 006 bursement or Obligation
Purpose of Expenditure Digital media placement		Category/ Type 004	10 N	29 / 2015
Name of Federal Candidate		X Support	Office Sought:	House District:
Jeb Bush		Oppose	X President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	10000.00	Disbursement For: 2016 Other (s	X Primary General   specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			20000.00
,,				
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			•	795
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Charles R. Spies	[Electro	nically Filed] Date	11 03	2015
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
<u> </u>	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	10000.00
Alexandria VA 22314	Transaction ID: 007 Date of Disbursement or Obligation
Purpose of Expenditure Digital media placement  Category/ Type 004	10 29 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
Joh Dush	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	/ III Gain
City State Zip Code	
Division of Evenediture	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calcificat Total To Bate	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	630000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	1 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	